

Receipt # \_\_\_\_\_

**TROY RECREATION DEPARTMENT**

**WINTER SWIM TEAM  
At Lincoln Community Center**

**Mondays and Thursdays from 4:15 -5:15 p.m.  
March 6- May 11, 2006**

**Youth ages 6 thru 18 years old**

Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city) (zip)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

**WAIVER AND RELEASE**

We, the undersigned, being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate on the Youth Winter Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Winter Swim Team Program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or legal guardian)

**REGISTER WITH SWIM INSTRUCTOR THE FIRST DAY YOU ATTEND**